

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 17

Application Number	10/581,898	
Confirmation Number		
Filing Date	with an effective filing date of November 30, 2004	
First Named Inventor	Gerd HEXELS	
Group Art Unit	3765	
Examiner Name	Alissa L. HOEY	Fax: (571) 273-8300

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] <input checked="" type="checkbox"/> Fee attached - Check \$245.00	<input type="checkbox"/> Assignment papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (<i>please identify below:</i>)
<input checked="" type="checkbox"/> Amendment/Response [13] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <i>Replacement Sheet(s)</i> ... <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <i>(DELETED - no longer useful)</i>	<input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address .. <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund ...
<input type="checkbox"/> Extension of Time Request [1] <i>(in Duplicate)</i>		<input type="checkbox"/> Postcard
<input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
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Signature		
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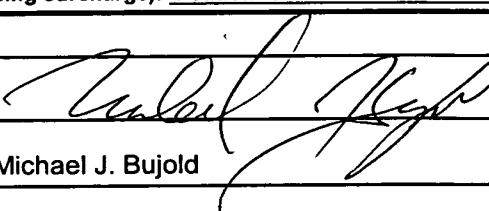
Date	August 10, 2009	
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 10, 2009.

Signature		
	Date: August 10, 2009 (amp)	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="float: left; width: 150px; height: 100px; background-color: #f0f0f0; border-radius: 50%; border: 1px solid black; margin-right: 10px;"></div> <div style="margin-top: 10px; font-weight: bold;">FEE Transmittal For FY 2008</div> <div style="font-size: small; margin-top: 10px;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div style="font-size: small; margin-top: 10px;">AUG 13 2009</div> <div style="font-size: small; margin-top: 10px;">Applicant claims small entity status. See 37 CFR 1.27</div>		<div style="text-align: center;">Complete if Known</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application No.</td> <td style="width: 50%;">10/581,898</td> </tr> <tr> <td>Filing Date</td> <td>with an effective filing date of</td> </tr> <tr> <td>First Named Inventor</td> <td>November 30, 2004</td> </tr> <tr> <td>Examiner Name</td> <td>Gerd HEXELS</td> </tr> <tr> <td>Art Unit</td> <td>Alissa L. HOEY 3765</td> </tr> <tr> <td colspan="2">Attorney Docket No.</td> </tr> <tr> <td colspan="2">LORWER P45AUS</td> </tr> </table>		Application No.	10/581,898	Filing Date	with an effective filing date of	First Named Inventor	November 30, 2004	Examiner Name	Gerd HEXELS	Art Unit	Alissa L. HOEY 3765	Attorney Docket No.		LORWER P45AUS																																									
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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Deposit Account Number <u>04-0213</u> <input type="checkbox"/> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C.</u>																																																									
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Other (e.g., late filing surcharge): <u>Petition for Two Month Extension of term</u> <u>\$245.00</u>																																																									
SUBMITTED BY																																																									
Signature			Telephone (603) 226-7490																																																						
Name (Print/Type)	Michael J. Bujold		Registration No. (Atty/Agent) 32,018																																																						
			Date: August 10, 2009																																																						

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

AUG 13 2009

FEE TRANSMITTAL For FY 2008

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$245.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/581,898
with an effective filing date of
November 30, 2004
Gerd HEXELS
Alissa L. HOEY
3765

Attorney Docket No.

LORWER P45AUS

METHOD OF PAYMENT (check all that apply)

■ Check Credit Card Money Order None Other (please identify): _____

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
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Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description Small Entity Fee (\$)

Each claim over 20 (including Reissues) 52 Fee (\$) 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

$$\begin{array}{l} \text{Total Claims} - 20 \text{ or HP} = \frac{\text{Extra Claims}}{\text{Fee ($)}} \times \frac{\text{Fee ($)}}{\$52/\$26} = \frac{\text{Fee Paid ($)}}{\text{Fee ($)}} \\ \text{Indep. Claims} - 3 \text{ or HP} + \frac{\text{Extra Claims}}{\text{Fee ($)}} \times \frac{\text{Fee ($)}}{\$220/\$110} = \frac{\text{Fee Paid ($)}}{\text{Fee ($)}} \end{array}$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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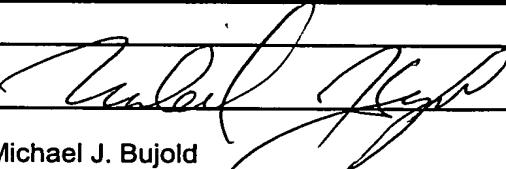
$$\begin{array}{l} \text{Total Sheets} - 100 = \frac{\text{Extra Sheets}}{750} = \frac{\text{No. of each additional 50 or fraction thereof}}{(\text{round up to a whole number})} \times \frac{\text{Fee ($)}}{\$270/\$135} = \frac{\text{Fee Paid ($)}}{\text{Fee ($)}} \end{array}$$

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for Two Month Extension of term \$245.00

SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: August 10, 2009